

## **Application Data Sheet**

### **Application Information**

|                                  |   |
|----------------------------------|---|
| Application number::             |   |
| Filing Date::                    | 02/27/04  |
| Application Type::               | Regular   |
| Subject Matter::                 | Utility   |
| Suggested classification::       |   |
| Suggested Group Art Unit::       |   |
| CD-ROM or CD-R?::                | None  |
| Number of CD disks::             |   |
| Number of copies of CDs::        |   |
| Sequence submission?::           |   |
| Computer Readable Form (CRF)?::  |   |
| Number of copies of CRF::        |   |
| Title::                          | Compositions and Methods for Treating Heart Disease |
| Attorney Docket Number::         | 006448.00001  |
| Request for Early Publication?:: | NO  |
| Request for Non-Publication?::   | NO  |
| Suggested Drawing Figure::       |   |
| Total Drawing Sheets::           |   |
| Small Entity?::                  | YES   |
| Latin name::                     |   |
| Variety denomination name::      |   |
| Petition included?::             | NO  |
| Petition Type::                  |   |
| Licensed US Govt. Agency::       |   |
| Contract or Grant Numbers::      |   |
| Secrecy Order in Parent Appl.?:: | NO  |

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: M.  
Middle Name:: Scott  
Family Name:: Rennels  
Name Suffix::  
City of Residence:: Glasford  
State or Province of Residence:: IL  
Country of Residence:: US  
Street of mailing address:: 16454 Wieland Road  
City of mailing address:: Glasford  
State or Province of mailing address:: IL  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 61533

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
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Country of Residence::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 22908

### **Representative Information**

Representative Customer Number:: 22908

### **Domestic Priority Information**

|                  |                    |                      |                      |
|------------------|--------------------|----------------------|----------------------|
| Application::    | Continuity Type::  | Parent Application:: | Parent Filing Date:: |
| This Application | Non-Provisional of | 60/487,872           | 07/16/04             |

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### **Foreign Priority Information**

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      |               |                    |
|           |                      |               |                    |
|           |                      |               |                    |

### **Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::